

EFF REQUEST**AK - AFS - 04**_____

Date: _____ Delivery Date/Time: _____.

Charge Code: _____.

Work Location: _____ Requested By: _____.

Approved By: _____.

Name

Title (Division Chief, Staff Officer or FMO)

Position Title* (Mnemonic)	AD Rate (Assigned by FS)	Name (if Preferred Hire)	Release Date NTE 30 days
1.			
2.			
3.			
4.			
5.			
6.			

Requestor Remarks: _____.

_____.

Financial Services Rec'd Date/Time: _____.

Actions/Results/Follow-up: _____.

_____.

_____.

_____.

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04/2004

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